



AGENDA

Wednesday, December 10, 2025. 9:00 am
Policy Committee – SD 64 (Gulf Islands)

Called to order:

1. Adoption of Agenda

2. Approval of September 24, 2025 Summary (*attachment*)

3. Business Arising

- a. Administrative Practices to replace remaining Policy/Procedures** (Old policies/procedures previously recommended by the Committee for repeal – now ready to bring to the Board for repeal).

APA1 – Development of Administrative Practices, section 4.3: For Administrative Practices that have broad affect and are replacing existing policy, and represent a significant change to policy or Practice, the Superintendent will provide an overview, or a walk-through of the practice, with the Policy Committee of the Board.

i. District Emergency Protocols AP Manual

A comprehensive AP Manual to replace the following outstanding Policies and Procedures

- *Procedure 3050 Emergency Management and Response (and forms 3050-1, 3050-2)*
- *Procedure 3051 Fire Management and Response*
- *Procedure 3052 Earthquake Management and Response*
- *Policy and Procedure 3056 Unwelcome Visitors/Intruders*
- *Policy and Procedure 3550 First Aid and Accident Reports*

ii. AP S10 Student Illness and Injury (*attachment*)

- *To replace Policy and Procedure 4260 Student Illness and Injury.*

b. AP L8 Scholarships, Bursaries, and Awards (*attachment*)

Replaces repealed Policy and Procedure 5400 Scholarships, Bursaries, and Awards (repealed Nov. 13, 2024)

4. New Business

a. Unexpected Health Emergencies briefing note – (*attachment*)

- *Draft Policy 4.60 Unexpected Health Emergencies(*attachment*)*
- *Draft AP S11 Automated External Defibrillators (AEDs) (*attachment*)*
- *Draft AP S12 Naloxone in Schools (*attachment*)*

5. Next Meeting: May 27. 2026, Teams

6. Adjournment



Summary
Policy Committee – SD 64 (Gulf Islands)
September 24, 2025 | 9:00am

In attendance:

Committee: Deborah Luporini (Committee Chair), Tisha Boulter, Rob Pingle, Chaya Katrensky (Board Chair, ex-officio)

Trustees: Jeannine Georgeson, Greg Lucas, Nancy Macdonald

Staff: Jill Jensen (Superintendent), Jesse Guy (Secretary-Treasurer), Boe Beardsmore (Associate Superintendent), Adrian Pendergast (District Principal), Lori Deacon (Director of Corporate Services), Shauna Klem (Executive Assistant)

Partner Group Representatives: Shelly Johnson (GIPVPA), Katherine Hazen (DPAC), Andrew McPhee (GITA), Angela Thomas (CUPE)

The meeting was called to order at 9:01 a.m. by Committee Chair Luporini.

1. Adoption of Agenda

Adoption of agenda as presented by consensus.

2. Approval of Summary

Summary of the May 28, 2025, Policy Committee Meeting adopted by consensus as presented.

3. New Business

(a) New Draft Policy – 5.65 Naming of Facilities

Secretary Treasurer Guy provided an overview of a new draft policy. A suggestion was made to reorder working committee membership representatives (3.0) by moving local First Nations rights holders / Indigenous Education Council to the top of the list and to reword references of the working committee to reflect naming and renaming procedures.

Action: The Policy Committee recommends the amended draft Policy 5.65 Naming of Facilities be brought to the October 8, 2025, Board Meeting in Public for notice of motion and circulated for feedback.

4. Other Business / Business Arising

(a) Role of the Chair & Vice-Chair and Trustee Remuneration

Discussion carried forward as an action from the May 28, 2025 Policy Committee Meeting.

- 1.21 Role of the Chairperson & Vice Chairperson
- 1.22 Trustee Remuneration

Secretary Treasurer Guy provided comparative data showing percentage differences in salaries among Chairs, Vice-Chairs and Trustees from comparably sized districts as well as our neighbouring districts.



Based on this data, Secretary Treasurer Guy recommended that reducing the Vice Chair's salary and responsibilities would allow for an increase in the Chair's salary. The committee discussed internet service reimbursement and other Trustee benefits offered in districts across the province. Committee Chair Luporini proposed adding a new guideline that trustee remuneration be reviewed at the end of each term. She further recommended reallocating the salary difference between the Vice Chair and Trustee to the Chair salary.

The Committee reviewed the roles and responsibilities of the Chair and Vice-Chair. It was recommended that Policy 1.21, Section 2.3 be amended to replace the word "shall" with "may" to indicate that attendance at agenda setting meetings is not required of the Vice-Chair.

Action: The Policy Committee recommends the Board approve the amendment to add the new guideline to policy 1.22 Trustee Remuneration. The Committee recommends that the Board approve the new salary distribution model and implementation effective November 1, 2026 with the election of a new Board. Staff will craft a motion that reflects the recommended salary changes for the Board's consideration at their October 8, 2025, Public Meeting.

The Policy Committee recommends the Board approve amendments to Policy 1.21 Role of the Chairperson and Vice Chairperson.

(b) 2.30 Anti-Racism

The Committee considered removing the specific reference to May for an annual report to the board, as that timing does not align with the administration of the anti-racism survey, which takes place at the end of June.

Action: The Policy Committee recommends the amendment to Policy 2.30 4.4, removing "in May", be brought to the October 8, 2025 Board Meeting in Public for notice of motion and circulated for feedback.

5. Next Meeting: December 10, 2025

6. Adjournment: 10:06 a.m.



AP S10 Student Illness and Injury

Legislative References: *Good Samaritan Act* of BC, Sec. 172; Occupational Health and Safety Regulation

Policy Reference: 4.10 Healthy and Safe Environments

Collective Agreement References: None

Date: December 1, 2025

It is the responsibility of every employee who works with students to safeguard the well-being of students, and when an injury or illness occurs, to take appropriate action. In determining a course of action where student safety or well-being is concerned, proceed with upmost care and exercise caution as the guiding principle.

1. **First Aid Attendant Inventory**

Each school shall post in the school office, an inventory of all employees with first aid qualifications who can be called upon where circumstances warrant, rendering first aid assistance. This inventory should include, but is not limited to, the employee designated as First Aid Attendant under the Occupational Health and Safety Regulations.

- 1.1. In order to minimize disruption to instructional activities, the inventory listing of first aid-certified employees should, where appropriate, be prioritized so that injuries or illness are first referred to those not instructing students, i.e., principal/vice-principal or school administrative assistant.

2. **Students Who Become Ill**

When a student becomes ill at school, follow these guidelines:

- 2.1. place the student in a suitable area (a medical room, if available) that is regularly supervised by the principal or designate. The student should be observed not less than once every five minutes for the first twenty minutes;
- 2.2. contact the parent/guardian;
- 2.3. if the student is unable to resume normal activity within a reasonable time, again contact a parent/guardian (or emergency contact, if the parent/guardian cannot be reached);
- 2.4. keep a record of actions taken;
- 2.5. if it is decided that the student should not remain in school, follow these guidelines;



- 2.5.1. immediately contact the parent or guardian, or the designated emergency contact person.
 - 2.5.2. if an emergency situation develops, immediately summon an ambulance and inform the parent or guardian or the designated emergency contact person. A staff member will accompany the student until a parent/guardian/emergency designate can assume duty of care.
 - 2.5.3. keep a record of all actions taken.
3. The student's Medical Care Plan Form (AP S6 Student Medical Care Plan and Medications) which must be kept up-to-date and retained in the school office, should be consulted. The form contains information relating to any pre-existing medical condition(s).
4. Oral or topical medication should not be given to any student, except as set out in Student's Medical Care Plan and authorized through the Administration of Oral/Topical Medication Form (refer to AP S6 Student Medical Care Plan and Medications).
5. The School Log of Actions and Administration of Medical Care or Medications to a Student Form (AP S6) will be updated, for future reference, as to actions taken when a student becomes ill.
6. An ill student should not be sent home unaccompanied or without knowledge of reasonable supervision.
7. The principal or designate must complete an Incident Report Form, online through School Protection Program (SPP) reporting, as soon as possible.
8. **Students Who Are Injured**
When a student is injured at school or while under school supervision, the following guidelines will apply:
 - 8.1. The qualified school employee or supervisor having the duty of care, should, if necessary, administer basic first aid treatment.
 - 8.2. Every student injury shall be referred for assessment to one of the first aid-certified individuals whose name appears on the posted inventory.
 - 8.3. The parent/guardian shall immediately be contacted in order that they may participate in any decision respecting a course of action or treatment for the student.



- 8.3.1. As a precaution, report all student head injuries to the parent/guardian.
- 8.3.2. Advise parent/guardian to seek medical attention for all head injuries, including dental injuries and seizures.
- 8.4. The principal or designate, together with the parent/guardian (if available) should then decide on a course of action based on an assessment of the seriousness of the injury. This might involve:
 - 8.4.1. placing the student in a suitable area that is regularly supervised by the principal or designate (the frequency of observation should not be less than once every five minutes for the first twenty minutes, or if the student is unable to resume normal activity within a reasonable time;
 - 8.4.2. calling an ambulance and informing a parent/guardian or designated emergency contact person).
- 8.5. If the injury is serious, the principal or designate should promptly inform the Superintendent or the Secretary-Treasurer.
- 8.6. Injured students, particularly those at elementary and middle years levels, should not be sent home unaccompanied or without knowledge of reasonable supervision. Discretion is advised.
- 8.7. Parents/guardians should be advised in all situations where a student suffers a blow to the head during the school day, in order that they can continue to monitor at home.
- 9. **Use of an Ambulance to Transport Students**
When the services of an ambulance are required, the principal or designate will follow these steps:
 - 9.1. summon the ambulance and provide pertinent information;
 - 9.2. contact the parent or guardian or designated emergency contact person;
 - 9.3. contact the Secretary-Treasurer, Superintendent, or designate to advise an ambulance has been summoned;
 - 9.4. promptly complete the Incident Report form online through SPP.



AP L8 Scholarships, Bursaries, and Awards

Legislative References: *Freedom of Information and Protection of Privacy Act*

Policy Reference: None

Collective Agreement References: None

Date: December 1, 2025

Scholarships, bursaries, and awards are an effective way of recognizing student accomplishments; encouraging and supporting the pursuit of post secondary studies. This administrative practice outlines processes for managing and distributing local community scholarships, bursaries, and awards made available through the learning community, local individuals, businesses and service clubs to support Gulf Islands graduates.

Definitions:

Scholarships are “merit based” and typically awarded based on academic achievement or other criteria set by donors providing the scholarship. Scholarships recognize excellence in all areas.

Bursaries are awarded based on financial need. Funds are provided by organizations or community groups to support students lacking the financial means to pay for post secondary education.

Awards are general in nature, honouring academic achievement, community involvement, or other accomplishments.

Local scholarships, bursaries and awards are differentiated as follows:

‘Community Awards’: scholarships, bursaries, or awards determined by local committee groups in all of our island communities.

‘School Awards’: scholarships, bursaries, or awards decided upon by school-based committees on behalf of community organizations (including Provincial District/Authority Scholarships).

Processes:

1. Scholarships and bursaries will be awarded by way of a coordinated effort on the parts of school-level and district-level Scholarship Committees. The gathering and sharing of information will be done consistent with this administrative practice and the *Freedom of Information and Protection of Privacy Act*.



- 1.1. School-level selection committees should be composed of staff representing a variety of departments and employee groups, who are not in conflict of interest (i.e. child graduating).
- 1.2. The district-level selection committee should, where practical, include a trustee, senior administrator, parent/DPAC rep, GIPVPA, CUPE, and GITA representative.
 - 1.2.1. Where broad participation is a challenge, efforts should be made to select a cross-section of representation wherever possible.
 - 1.2.2. If students from different schools are in competition for the same scholarship or award, efforts should be made to ensure committee members have no direct ties to the schools or student applicants.
2. Students enrolled in the Gulf Islands School District and eligible to graduate may apply for any and all scholarships, bursaries and awards listed on the school district website for one year only, and only in either the school year or the calendar year they are expected to complete their graduation requirements.
3. Schools will support students in the pursuit of their academic and career goals by:
 - 3.1. clearly differentiating between the different kinds of scholarships, bursaries and awards available to students.
 - 3.2. publicising information about
 - 3.2.1. available local and non-local scholarships, bursaries and awards;
 - 3.2.2. provincial District/Authority Scholarships;
 - 3.2.3. important dates and application deadlines;
 - 3.2.4. entrance scholarships, bursaries and awards offered by post-secondary institutions;
 - 3.2.5. national-level awards recognising excellence in academics, leadership and athletics.
 - 3.3. articulating and clarifying eligibility criteria, recognising, for example, that some scholarships, bursaries and awards are available to all SD64 students, and some are available only to students of particular schools or those residing on specific islands.
 - 3.4. facilitating the student application process.
 - 3.5. identifying possible sources of financial assistance.
4. Schools will work with the program supervisor to develop procedures that ensure:



- 4.1. important dates and deadlines are made available to students and families of graduating students - no later than November 30th each year;
 - 4.2. students are well informed about the application process;
 - 4.3. the School Awards application form allows students to self-identify with any number of equity-deserving groups;
 - 4.4. students are informed of and provided additional supports, as needed, throughout the application process to ensure equity of access;
 - 4.5. the gathering and sharing of information will be done consistent with this administrative practice and the *Freedom of Information and Protection of Privacy Act*.
 - 4.6. local community individuals, businesses and service clubs who support the District's student recognition program will be thanked on an annual basis for their support.
 - 4.6.1. Schools will facilitate a process to support and assist students to formally express their gratitude to the individuals, businesses, and service clubs that chose the student to receive a scholarship, bursary, or award.
5. Students can access information about scholarships, bursaries and awards by way of:
- 5.1. the District website;
 - 5.2. the school counselling department;
 - 5.3. the school principal;
 - 5.4. the program coordinator.
6. Personal information gathered and shared as part of the management and distribution of student scholarships, bursaries, and awards will be treated as sensitive information and protected accordingly.
- 6.1. District and school staff must not share contact information of scholarship recipients with donors, or when preparing statistical or other reports.



7. Financial Management and Distribution

- 7.1. The District will manage individual accounts in its general ledger for all 'School' financial awards.
- 7.2. Monies collected and managed by the District from donors will not increase by any interest accrued by the District on the funds held.
- 7.3. Unless otherwise specified, a student may defer collecting their award for up to two and a half (2.5) years after the award was granted (December 31st deadline).

8. Payment of Financial Awards:

- 8.1. Where financial award is not predicated on a student's acceptance to a post-secondary institute, a cheque will be issued in the recipient's name and typically presented to the student during the graduation or scholarship presentation ceremony.
- 8.2. Where financial award is predicated on proof of acceptance to a post-secondary institute, funds will be released from the District to the recipient only once confirmation of eligibility has been signed and provided by the school administrator or program supervisor.



Briefing Note

Title: New Draft Policy and APs: Unexpected Health Emergencies

Date: December 10, 2025

From: Director of Corporate Services

Audience: Committee

Purpose

The purpose of this briefing note is to share a draft policy relating to Unexpected Health Emergencies and two newly published Administrative Practices: AP S11 Automated External Defibrillators (AEDs) and AP S12 Naloxone in Schools.

These APs will be published under the District menu of the SD64 website, Administrative Practices, section S. Safe and Healthy Environments.

Recommendation

Staff recommend that the Committee bring the draft policy 4.60 Unexpected Health Emergencies to the Board for its consideration of Notice of Motion at the January 14, 2026 public meeting. Staff would submit the draft policy, with the two associated APs, to the Ministry prior to December 31, 2025.

Background

On June 30, 2025, Superintendents received notification from the Deputy Minister that the [Support Services for Schools Ministerial Order](#) would be amended, effective July 1, 2025 to require all Boards of Education to establish protocols for responding to unexpected health emergencies in schools specific to automated external defibrillators and naloxone. The Ministry also provided [the Response to Unexpected Health Emergencies Policy](#) guidelines at that time.

Following the initial communication, the Ministry further indicated directly to Superintendents and Board Chairs that Boards of Education could opt to publish either Policies or Administrative Practices/Procedures to address the requirements. Policies and/or procedures needed to be submitted to the Ministry no later than December 31st.

On November 5th, and only after some districts had submitted their documents to the Ministry as requested, the Ministry restated its expectations, indicating districts work



towards a single policy, one that is board approved and publicly available, to support consistent responses to unexpected health emergencies. Specifically, that

- Policy follows [the Response to Unexpected Health Emergencies Policy](#) guidelines.
- That Policy is submitted to the ministry by December 31, 2025
- That AEDs and naloxone kits must be readily available in all secondary schools by December 31, 2025
- That AEDs and naloxone kits be readily available in elementary and middle schools no later than September 8, 2026.

Senior staff have drafted a policy for the committee's consideration. Staff are also ready to publish two supporting administrative practices that provide greater detail to processes relating to each health emergency in question. The draft APs have been shared with the District's Joint Occupational Health and Safety Committee, the principals/vice-principals, senior admin., and partner representatives for feedback.

The District has placed an order, through Focused Education Resources procurement services, for the purchase of AED units for SD64 schools. Units part have begun to arrive, and the district is starting the installation process. All AED units will be installed as soon as possible, with priority to secondary schools. Naloxone kits were ordered in May for all schools (filling/shipping delay due in part to BCGEU strike action).

Attachments/Links

- Draft Policy 4.60 Unexpected Health Emergencies
- AP S11 Automated External Defibrillators
- AP S12 Naloxone in Schools



Policy 4.60 Unexpected Health Emergencies

The Board of Education is committed to safeguarding the health and well-being of students, staff, and visitors. This policy addresses preparedness and response to unexpected health emergencies, including sudden cardiac arrest, and opioid overdose.

Definitions:

Automated External Defibrillator (AED): A portable electronic device that analyzes and looks for shockable heart rhythms, advises the rescuer of the need for defibrillation and delivers the shock if needed. An AED is considered an effective treatment for sudden cardiac arrest. Early defibrillation, alternating with CPR is paramount to increase success for victims of sudden cardiac arrest. Defibrillation within the first 3 to 5 minutes of cardiac arrest will dramatically increase survival rates.

Naloxone: A medication that reverses opioid overdose effects. Available in nasal spray or injectable form, naloxone works by temporarily blocking opioid receptors in the brain, restoring normal breathing in individuals experiencing opioid toxicity. Quick administration of naloxone, along with calling emergency services and providing supportive care, is critical in preventing fatal outcomes. Naloxone kits are considered essential, life-saving tools in response to suspected opioid overdoses and are safe for use by non-medical personnel.

Opioid Overdose: A life-threatening condition caused by excessive opioid intake, requiring immediate medical intervention.

1. The Board will ensure that Automated External Defibrillators (AEDs) and naloxone kits are readily accessible and maintained in each Gulf Islands school. These life-saving tools shall be:
 - 1.1. clearly marked with standardized signage to support easy identification and use.
 - 1.2. routinely inspected to ensure functionality and monitor expiry dates.
 - 1.3. provide barrier-free access to accommodate diverse user needs.
 - 1.4. presented in a non-stigmatizing manner to encourage comfortable and equitable use.



2. Training and Education

2.1. Annual training will be provided to designated staff and/or first aid responders on the proper use of AEDs and naloxone kits to ensure swift and effective response during emergencies that involve sudden cardiac arrest or suspected opioid overdose.

2.1.1. Voluntary training may be made available to all staff, prioritizing first aid attendants, administrators, and Joint Occupational Health and Safety Committee members.

2.2. Regular drills and information sessions are encouraged to foster confidence and readiness among students and staff.

3. Emergency Response Protocols

Common basic steps should be followed when responding to cardiac arrest or expected opioid overdose:

3.1. Immediate Response

3.1.1. Call 911 immediately.

3.1.2. For opioid overdose, trained responders will follow the SAVE ME protocol: Stimulate, Airway, Ventilate, Evaluate, Muscular Injection/Nasal Spray, Evaluate again.

3.1.3. For Cardiac Arrest, trained responders will follow printed directions and AED prompts

3.1.4. Notify Administration immediately

3.1.5. Document incident details and notify caregivers, Superintendent, and District Principal (OHS).

3.2. Post-Incident Procedures

3.2.1. Provide support and follow-up care, including counseling and referrals.

3.2.2. Complete critical incident forms and injury reports.

3.2.3. Conduct debriefing and review.

3.2.4. Ensure timely replenishment of AED supplies and naloxone kits

4. Administrative Practices



- 4.1. The Superintendent will establish Administrative Practices to support staff when dealing with unexpected health emergencies, and identify:
 - 4.1.1. Common language/key terms for clarity and consistency
 - 4.1.2. Roles and responsibilities
 - 4.1.3. Clear steps for emergency response
 - 4.1.4. Documentation, communication, and debriefing
 - 4.1.5. Equipment inspection, maintenance, and replacement
 - 4.1.6. Training expectations and requirements
- 4.2. The Joint Occupational Health and Safety Committee will periodically review these administrative practices as deemed appropriate, particularly in response to new legislation or regulatory requirements.

5. Respect for Dignity and Privacy

- 5.1. The Board of Education recognizes the importance of respecting the dignity and privacy of all individuals experiencing an unexpected health emergency. By prioritizing dignity and privacy, the district fosters safe, supportive environments for all students, staff, and visitors.
- 5.2. The Board expects staff to approach every situation with compassion, sensitivity, and discretion, ensuring that:
 - 5.2.1. Individuals are treated with respect and empathy, regardless of the nature of the emergency.
 - 5.2.2. Personal information and details about the emergency are shared only with those who need to know, and only for the purpose of providing appropriate care and support.
 - 5.2.3. Conversations and actions regarding the emergency are conducted in a manner that protects the individual's privacy and avoids unnecessary disclosure.
 - 5.2.4. Staff are mindful of cultural, personal, and family considerations, and strive to maintain the individual's comfort and trust throughout the response and recovery process.
 - 5.2.5. All actions taken during and after an emergency uphold the individual's right to confidentiality and dignity.



AP S11 Automated External Defibrillators (AEDs)

Legislative References: School Act Section 88(1); Ministerial Order M149/89)

Policy Reference: 4.10 Healthy and Safe Schools

Collective Agreement References: None

Date: **DRAFT**

The District prioritizes emergency preparedness and response to safeguard the health and well being of students, staff, and visitors and supports the installation and use of Automated External Defibrillators (AEDs) on District premises for use in unexpected health emergencies.

An AED is a portable electronic device that analyzes and looks for shockable heart rhythms, advises the rescuer of the need for defibrillation and delivers the shock if needed. An AED is considered an effective treatment for sudden cardiac arrest. Early defibrillation alternating with CPR is paramount to increase success for victims of sudden cardiac arrest. Defibrillation within the first 3 to 5 minutes of cardiac arrest will dramatically increase survival rates.

AEDs in schools/sites are intended primarily for use by staff with CPR/First Aid training certification by an authorized agency approved by WorkSafe BC. These devices are accessible to staff, students, and visitors at district facilities. Under the Good Samaritan Act of British Columbia, anyone who provides emergency care in good faith—including using an AED on someone who appears to be in cardiac arrest—is not held liable.

Processes

1. Purchase, Registration and Installation

- 1.1. The District Principal for Occupational Health and Safety (OHS) shall coordinate the procurement of all AEDs for schools/sites.
- 1.2. The District Principal (OHS) shall:
 - 1.2.1. Ensure all AEDs are registered by the authorized dealer.
 - 1.2.2. Maintain a registry of all AEDs in the District that includes make, model, and building location.
- 1.3. An AED shall be installed in an accessible location in every school/site.
 - 1.3.1. Additional devices may be installed.



- 1.4. Placement of AEDs must be approved by the District Principal (OHS) in consultation with the administrator and the site Joint Occupational Health and Safety Committee (JOHSC).

2. Signage and Information

- 2.1. All AEDs must be identified with signage that is prominently displayed and easily visible to all potential users.
- 2.2. The presence and location of AEDs in the workplace will be regularly communicated to the school/site community. Principals/site supervisors shall endeavour to communicate AED information using a variety of platforms, as appropriate, including:
 - 2.2.1. Staff meetings
 - 2.2.2. School assemblies
 - 2.2.3. Newsletters and websites
 - 2.2.4. Facility rental information

3. Roles and Responsibilities

- 3.1. District Principal (OHS):
 - 3.1.1. Ensure all AEDs are registered.
 - 3.1.2. Develop, maintain, and communicate a Safe Work Procedure for AEDs intended for trained first aid responders.
 - 3.1.3. Annually review AED documentation, equipment operation, and maintenance records.
 - 3.1.4. Notify local Emergency Medical Services of the existence, location, and type of AED at each school/site.
 - 3.1.5. Ensure school/site administration is oriented to the correct use of the AED.
- 3.2. Principal/Site Supervisor:
 - 3.2.1. Ensure staff are aware of students with existing relevant health conditions where AED may be required.
 - 3.2.2. Maintain, with the site JOHSC, a specifications/technical information sheet for each approved AED model in their school or site.
 - 3.2.3. Ensure staff are provided yearly orientation to the location of AED(s) and emergency procedures.
 - 3.2.4. Inform the parent/guardian immediately if the AED is utilized on a student.
 - 3.2.5. Notify Superintendent immediately following AED use on any person.



- 3.2.6. Debrief with involved staff
- 3.2.7. Review incidents involving AED discharge with Site JOHSC and District Principal (OHS)
- 3.2.8. Support completion of incident reports

3.3. First Aid Designate and Trained First Aid Responders:

- 3.3.1. All designated staff must be trained in AED use

3.4. Site Joint Occupational Health and Safety Committee:

- 3.4.1. Conduct monthly AED inspections
- 3.4.2. Track inspection records in monthly minutes
- 3.4.3. Communicate deficits to the District Principal (OHS)

4. Inspection, Maintenance, and Replacement

- 4.1. Principal/site supervisor will ensure that AEDs are inspected regularly.
- 4.2. Regular inspections (per manufacturer instructions) will be scheduled to:
 - 4.2.1. Check status indicator (should flash green every 5 seconds)
 - 4.2.2. Refer to manufacturer's troubleshooting guide if not flashing
- 4.3. Quarterly inspections will be scheduled to:
 - 4.3.1. Check status indicator
 - 4.3.2. Complete inspection and maintenance log
 - 4.3.3. Confirm presence of emergency supplies (razor, towel, wipes, gloves, mask, etc.)
- 4.4. Principal/site supervisor will contact District Operations department when replacement parts or warranty repairs are needed.
 - 4.4.1. Electrode pads are single use and must be replaced after each use
 - 4.4.2. Replacement of batter/pad combo packs is typically expire after four years and must be replaced prior to expiration.

Appended to this Administrative Practice:

- AED Safe Work Procedures
- Inspection and Maintenance Record
- AED Post Incident Report Form



AED Safe Work Procedures

Perform standard first aid on the patient. Direct someone to call 911. If no pulse is present and AED is not yet available, begin CPR as per first aid training.

In the unlikely event that the AED does not operate properly, the responder shall continue with basic life support measures, including CPR, until a more highly trained medical authority arrives on the scene.

Once AED is available

1. Turn ON the AED.
2. Remove all clothing from the patient's chest area.
3. Apply electrode pads (according to the diagram on the back of the electrode pads) to the patient's bare chest:
 - 3.1. Peel electrode pads, one at a time, from the backing or liner.
 - 3.2. Press electrode pads firmly to the skin.

NOTE: If the patient is under eight years old or less than 25kg (55 lbs.), remove pre-connected adult defibrillation pads, connect the Infant/Child Reduced Energy Defibrillation Electrode pads, if available, to the AED and proceed. **Do not** delay therapy to determine precise age or weight of the child. If in doubt, defibrillate with pre-connected defibrillation electrode pads ensuring that they do not touch when applied.

4. Follow the AED visual and voice prompts.
5. When advised by the AED, initiate/resume CPR. Continue to perform CPR until otherwise promoted by the AED or EMS personnel upon arrival.
6. If the patient recovers consciousness or starts moving, place the patient in the recovery position and leave the AED attached.



Post-Incident Procedures

1. Notify administration immediately.
2. The responder will document the event using the Post-Incident Report Form and will provide the completed form to the school/site administration who will forward the form to the District Joint Health and Safety Committee and the Superintendent on the next business day.
3. Complete injury report / Schools Protection Program (SPP) online form and First Aid Assessment Record.
4. Wipe the AED clean according to device instructions.
5. Electrode pads must be replaced and reconnected to the device.
6. Notify the district CIRT lead after AED use.
7. Critical Incidence Debriefing will be conducted by the school/site critical incidents team. Offer support through:
 - District Wellness Coordinator
 - EFAP
8. Post signage if AED is temporarily inoperable.



AED Inspection and Maintenance Record

The following checklist shall be completed quarterly by the school's joint health and safety committee of every AEDs at their school/site. Inspection and maintenance records shall be retained by the school with the equipment. All equipment maintenance shall be performed according to the AED manufacturer's user manual and operating instructions.

The District Operations department will conduct an annual assessment of the AED program to include review of documentation, equipment operation and maintenance records.

Date: _____ School/location: _____

Inspection Performed by: _____
name of employee(s)

This is the inspection record and maintenance log for (*circle one*): Q1 Q2 Q3 Q4

| Criteria | Yes / No | Action Taken / Comments |
|--------------------------------------------------------------|-------------------------------------------------------|--------------------------------------|
| Visible Placement | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Placement is unobstructed | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Check status/service light indicator | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Check battery is present | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Verify date of last battery maintenance and check expiration | <input type="checkbox"/> Y <input type="checkbox"/> N | Expiration date: |
| Check presence of two sets of AED pads in sealed package | <input type="checkbox"/> Y <input type="checkbox"/> N | Expiration date: Expiration date: |
| Check carry bag condition | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Check housing or cabinet access | <input type="checkbox"/> Y <input type="checkbox"/> N | |



AED Post Incident Report Form

This form must be completed for every incident necessitating AED use via email within 24 hours of use to the District Principal responsible for Occupational Health and Safety.

| | | |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------|
| Patient's Last Name: | Patient's First Name: | Date of Incident: |
| Patient's Address: | | Name of person applying AED: |
| Exact Location of Incident (include building name, room #, details): | | |
| Time of Incident: am pm | AED Serial Number: | Assistant: |
| Estimated time from patient's collapse until CPR begun: | | Estimated total time of CPR until Application of AED: |
| Was Cardiac Arrest Witnessed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | If so, by Whom? | Time: |
| Was CPR started? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | If so, by Whom? | Time: |
| Description of Incident: | | |
| Report Completed By: | | Date: |
| District Principal (OHS) Reviewed: | | Date |

This report should be submitted along side the digital printout generated from the AED after use.



AP S12 Naloxone in Schools

Legislative References: School Act Section 88(1); Ministerial Order M149/89)

Policy Reference: 4.10 Healthy and Safe Schools

Collective Agreement References: None

Date: **DRAFT**

The District prioritizes emergency preparedness and response to safeguard the health and well being of students, staff, and visitors and supports the use of Naloxone kits in unexpected health emergencies.

The intent of this Administrative Practice is to establish clear guidelines for the prevention, response, and follow-up of opioid overdose incidents in SD64 schools, including the administration of naloxone by trained staff. This Administrative Practice applies to all District sites, with a focus on secondary schools.

Definitions

Naloxone: A medication that reverses opioid overdose effects. Available in nasal spray or injectable form naloxone works by temporarily blocking opioid receptors in the brain, restoring normal breathing in individuals experiencing opioid toxicity. Quick administration of naloxone, along with calling emergency services and providing supportive care, is critical in preventing fatal outcomes. Naloxone kits are considered essential, life-saving tools in the response to suspected opioid overdoses and are safe for use by non-medical personnel.

Opioid Overdose: A life-threatening condition caused by excessive opioid intake, requiring immediate medical intervention.

Trained Responder: A staff member who has completed approved naloxone administration training.

Processes

1. Naloxone Kit Management

- 1.1. The District Principal responsible for Occupational Health and Safety (OHS) shall coordinate the procurement of naloxone kits for all school sites.
- 1.2. Naloxone kits shall be available at every school.



- 1.2.1. Nasal naloxone is preferred for ease of use; injectable kits may be acquired and used where appropriate.
- 1.3. Kits should be stored with emergency medical supplies in a place easily accessible to staff.
- 1.4. Site administrators will ensure
 - 1.4.1. The location of kits is communicated with all worksite staff.
 - 1.4.2. kits are inspected regularly and replaced prior to expiry.

2. Prevention and Education

- 2.1. Schools will work with staff to acquire, develop, and implement age-appropriate substance use educational resources. Resources should focus on the risks, recognizing signs of overdose, and how to seek help.
- 2.2. Voluntary naloxone training will be offered to all staff, on recognizing and responding to overdose. Where space and/or funds are limited, priority will be given to first aid attendants, school/site administrators, and Joint Occupational Health and Safety Committee members.
 - 2.2.1. Staff should be aware that overdose response may involve occupational health and safety risks. All district occupational health and safety protocols and training must be followed during response to an unexpected health emergency (including opioid overdose response.)

3. Emergency Response Protocol

- 3.1. In the event of a suspected opioid overdose **call 911**.
- 3.2. The trained responder shall follow the SAVE ME protocol:
 - 3.2.1. **Stimulate**
 - 3.2.2. **Airway**
 - 3.2.3. **Ventilate**
 - 3.2.4. **Evaluate**
 - 3.2.5. **Muscular Injection or nasal spray**
 - 3.2.6. **Evaluate again**
- 3.3. The trained responder, with the support of the principal/site supervisor or designate, shall manage the scene during an overdose situation. They will



coordinate the response, ensuring that emergency services are called, naloxone is administered, and the scene is controlled.

- 3.4. The trained responder, with the support of the principal/site supervisor or designate, shall record incident details, including time, actions taken, and outcomes.

4. Aftercare and Post Incident Response

- 4.1. Documentation: Complete critical incident forms and injury reports (Schools Protection Program ((SPP)) for student or community; WorkSafe BC First Aid Record for staff).
- 4.2. Communication:
 - 4.2.1. Notify caregivers of the incident and the steps taken. Ensure support and resources are available for further assistance.
 - 4.2.2. Inform the Superintendent and School/Site Critical Incident Response Team immediately following the incident and use of Naloxone.
 - 4.2.3. Inform the District Principal (OHS)
- 4.3. Counseling: Ensure services and supports are available to affected students and staff.
- 4.4. Debriefing: Follow district critical incident protocols.
- 4.5. Review: Conduct a review of the incident to identify any areas for improvement in the protocol.
 - 4.5.1. A WorkSafe BC Employer Incident Investigation Report (EIIR) is required for incidents involving employees. The EIIR may be used for review of incidents involving students and visitors.
- 4.6. Restock: The District Principal (OHS) ensures timely replenishment of kits.

5. Training Resources

- 5.1. All staff are encouraged to complete opioid overdose response training, which includes recognizing signs of overdose and administering naloxone.
- 5.2. Training can be delivered in person, virtually, or through online courses.
 - Recommended Online Training: *Toward the Heart – Naloxone Training Course: A free, self-paced online course provided by the BC Centre for Disease*



Control. It covers overdose recognition, naloxone administration, and the SAVE ME protocol.

- Link: <https://towardtheheart.com/naloxone-course>

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